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## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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Examiner Initials	Number	Kind Code (if known)	Name of Patentee or Applicant of Cited Document		Date of Publication (MM-DD-YYYY)		
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231.